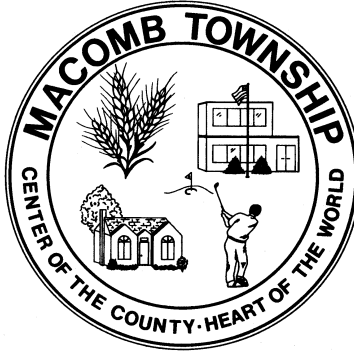


MACOMB TOWNSHIP

54111 Broughton Road • Macomb, MI 48042 • 586-992-0710 x 4
www.macomb-mi.gov



APPLICATION PACKET FOR ZONING BOARD OF APPEALS (ZBA) VARIANCE

APPLICANTS TAKE NOTICE OF THE FOLLOWING:

All applications must contain each and every page from this application packet, including the checklist and any unused pages. If your application does not include all items, it will not be received by the Clerk's Office.

Please use only the forms provided with this application. No other forms, however similar, will be accepted.

The information contained herein represent requirements contained in the Macomb Township Zoning Ordinance #10

Michael D. Koehs, CMC
Township Clerk

CHECKLIST OF DOCUMENTS REQUIRED FOR ZONING BOARD OF APPEALS (ZBA) VARIANCE

MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 4

*** The Zoning Board of Appeals meets the Second Tuesday of January, March, May, July,
September, November. ***

All applications must be received at least one month in advance of a meeting date to be considered.

Please place a check mark in the box next to each item as you assemble the following required information. When complete, submit the completed application package to the Macomb Township Clerk's Office.

- ☐ One (1) completed Variance Application form, found on page 3. (**Remember to have the Building Official sign the Application**).
- ☐ Payment of \$500.00 review fee per Variance application. The fee for requests for special meetings is \$1,100.00. Please make your check payable to **'Macomb Twp. Treasurer'** (**Funds are non refundable**)
- ☐ Ten (10) copies of a Site Plan with location noted (drawn to scale and tri-folded). The site plan must be drawn to a maximum of 1" = 20' and minimum of 1" = 50', and shall contain the following:
 - 1. Dimensional elements for which a variance is requested.
 - 2. Dimensional relationships of the subject lot to the structures located on all adjacent properties.
- ☐ Ten (10) copies of Floor Plan(s).
- ☐ Ten (10) copies of Elevation Drawings.
- ☐ A written explanation of the hardship that will occur without the granting of this variance request. You may use the 'Documentation Supporting The Request' form, found on page 4. Please explain:
 - 1. How the strict enforcement of the provisions of the Township Zoning Ordinance would cause a practical difficulty or unnecessary hardship and how such enforcement would deprive the owner of rights enjoyed by all other owners of property within the same Zoning District.
 - 2. How conditions and circumstances unique to the property are not similarly applicable to other properties located within the same Zoning District.
 - 3. How conditions and circumstances unique to the property were not created by the owner, or his predecessor in title, within the time following the effective date of the provision alleged to adversely affect such property.
 - 4. Why the requested variance will not confer special privileges that are denied other properties that are similarly situated and which are located in the same Zoning District.
- ☐ One (1) completed Affidavit of Ownership form, found on page 5 of this application packet.
- ☐ Two (2) copies of proof of ownership; land contract, affidavit of land contract, option agreement, deed or lease agreement.
- ☐ One (1) completed Verification of Recorded Legal Property form, found on page 6. (**Applicant must have the Township Assessor verify the Legal Description**).

ZBA VARIANCE REVIEW PROCESS

- Step 1:** The Applicant will submit an application, with the required fee and site plan.
- Step 2:** The application will be placed on the next reasonable meeting date of the ZBA for a public hearing. All applications must be received by the Clerk's Office at least one month prior to a meeting date to be considered.
- Step 3:** The Clerk's Office shall publish the hearing in a local newspaper and will notify all residents and property owners within 300 feet of the property in question.
- Step 4:** The ZBA will consider the application against several conditions as listed in the Zoning Ordinance (see § 10.2405 H) and will either approve, approve with conditions or deny the request after the public hearing.
- Step 5:** Clerk's Office drafts the Notice of Variance and sends to the applicant for signatures (see §10.2405 (I)). The applicant has 30 days to return to the Clerk's Office the signed Notice of Variance with the appropriate recording fee according to the County Clerk's recording fee schedule.
- Step 6:** Once received, the Clerk will sign it and send it to the County Clerk & Register of Deed's office for recording. A copy of same shall be sent to the applicant for their files.

ALL APPLICANTS TAKE SPECIAL NOTICE OF THE FOLLOWING:

1. **Application Deadline.** Macomb Township requires all ZBA Variance applications be submitted at least one month prior to the requested regular meeting date.
2. **Attendance Required at the Public Hearing.** The Zoning Board of Appeals requires the Applicant or their Representative to be present at the Public Hearing, otherwise the item will be tabled to another meeting date.
3. **Zoning Board of Appeals Policy Regarding Request To Table.** Should the petitioner request the tabling of a scheduled matter, an amount equal to one-half the original fee shall be charged. Said fee shall be remitted to the Township within two working days of the rescheduling of the matter. If the fees are not paid, the matter may be withdrawn from the agenda.
4. **Forms.** Please use only the forms provided with this application. NO other forms, however similar, will be accepted.
5. **Fees.** A fee of \$100.00 per ½ hour shall be charged for meetings with staff or planning consultant.
6. **Reconsideration.** The Zoning Board of Appeals shall not reconsider a variance request for which a decision has been made previously.
7. **Appeals of Decision.** The decision by the Board of Appeals shall be final. However, a person having an interest affected by the Zoning Ordinance may appeal to the Circuit Court.
8. **Termination.** A variance granted under this Ordinance shall terminate if there is any change in the lot area for which the variance was granted, or if the terms and conditions of the variance are violated.

APPLICATION FOR ZONING BOARD OF APPEALS (ZBA) VARIANCE

MACOMB TOWNSHIP ZONING BOARD OF APPEALS
54111 BROUGHTON ROAD
MACOMB, MICHIGAN 48042
(586) 992-0710 EXT. 4

Regular meetings of the Zoning Board of Appeals are held on
the second Tuesday of January, March, May, July, September and November.

Completed applications (PRINTED or TYPED) must be received one month prior to meeting date.

Permanent Parcel No. 08 - _ _ _ - _ _ _ - _ _ _ .

Applicant's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Address of Property _____ Zone of Property: _____
(Include Lot No. and Subdivision Name if applicable) (See Zoning Map of Macomb Twp.)

Applicants' Representative Name: _____ Phone _____
(if different from applicant)

Address: _____

City: _____ State: ____ Zip code: _____

Applicant's Signature _____

Property Owner's Signature _____

Location of Property _____
(for example: the north side of 23 Mile and 812 feet east of Romeo Plank Road)

Legal Owner of Property _____
(Print Owner's Name) (Legal Owner's Signature)

Address _____ Phone _____

Please indicate the correct section number of the Zoning Ordinance which is being requested for a variance: *(You must be specific, giving the section number and a description of the variance requested).*

SECTION 10. _____ (From what to what) _____

SECTION 10. _____ (From what to what) _____

SECTION 10. _____ (From what to what) _____

SECTION 10. _____ (From what to what) _____

Applicant must have this application signed by the Macomb Township Building Official to verify the Sections of the Ordinance listed above. Our office staff CANNOT do this for you.

Building Official's Signature

DOCUMENTATION SUPPORTING THE REQUEST

Name of Project_____

Permanent Parcel Number. 08 - - - .

Applicant's Name _____ **Phone** _____

Address _____ **City** _____ **Zip Code** _____

Applicants' Representative Name:_____ **Phone**_____

Please provide a detailed description of the proposed project. For a revised site plan, please describe in detail the changes made from the original site plan. For a Certificate of Zoning Compliance or Site Plan Review, list number of employees to be on site for each work shift and number of vehicles, if any.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION SUPPORTING THIS REQUEST

Applicant's Signature

AFFIDAVIT OF OWNERSHIP

PLEASE TAKE NOTICE that an Affidavit of Ownership must be filed with all development and variance applications in Macomb Township. **Proof of ownership or interest in the property must be attached (i.e. deed, land contract, option agreement, lease, etc.).** This requirement must be fulfilled in order to promptly process your application.

If the applicant is not the fee titleholder of the subject property, he/she is a purchaser according to _____, it is necessary to establish the fee title holder's intention and desire to have the subject property receive Township approval.
(Land contract, option, lease, etc.)

(I), (We), _____, the undersigned fee title owner(s) of property
(name)
hereinafter referenced, acknowledge (my) (our) intention and desire to have the property described within the attached application for _____ receive consideration by Macomb Township.
(type of application to be filed)

(I), (We) further authorize _____ as a(n) _____
(name of applicant) (recite applicant's interest in property)
of the property, to process an Application with the Township of Macomb on (my) (our) behalf.

(name) (owner) _____
(name) (owner)

(name) (owner) _____
(name) (owner)

THIS FORM RELATES TO PROPERTY WITH THE FOLLOWING PARCEL NUMBER:

08 - ____ - ____ - ____ - ____

STATE OF MICHIGAN
ss.
COUNTY OF MACOMB

On this _____ day of _____, 200__, before me personally appeared _____
(name of applicant)
_____ to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that _____ executed the same as _____
(he, she, they) (his, her, their)
free act and deed.

Notary Public
Macomb County, Michigan
My Commission Expires: _____
Acting in Macomb County, Michigan

VERIFICATION OF RECORDED LEGAL PROPERTY

PROJECT NAME _____

Application To Be Filed (check off)

- | | | |
|---|---|---|
| <input type="checkbox"/> Variance | <input type="checkbox"/> Tentative Preliminary Plat | <input type="checkbox"/> Sign(s) / Ground Sign |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Final Preliminary Plat | <input type="checkbox"/> Certificate of Zoning Compliance |
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Preliminary Plan Review | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Final Plan Review | |
| <input type="checkbox"/> Revised Site Plan | <input type="checkbox"/> House Move-on | |

PERMANENT PARCEL NO. 08 - _ _ - _ _ - _ _ .

PUBLIC ROAD(S) FRONTAGE _____

ADDRESS OF PARCEL (if available) _____

OWNERS NAME _____

ADDRESS OF OWNER _____

**LEGAL DESCRIPTION
(INSERT HERE)**

Do Not Write Below This Line – Assessor’s Use Only

Is the property proposed for use properly recorded with Macomb Township? ☐ YES ☐ NO

COMMENTS:

Phyllis Sharbo, Township Assessor